

**DECLARATION AND POWER OF ATTORNEY
UNDER 35 USC §371(c)(4) FOR
PCT APPLICATION FOR UNITED STATES PATENT**

As a below named inventor, I hereby declare that:

my residence, post office address and citizenship are as stated below under my name;

I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought, namely the invention entitled: Method and System for GSM Authentication
during WLAN Roaming

described and claimed in international application number _____ filed _____.

I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations §1.56.

Under Title 35, U.S. Code §119, the priority benefits of the following foreign application(s) filed within one year prior to my international application are hereby claimed:

The following application(s) for patent or inventor's certificate on this invention were filed in countries foreign to the United States of America either (a) more than one year prior to my international application, or (b) before the filing date of the above-named foreign priority application(s):

I hereby appoint the following as my attorneys of record with full power of substitution and revocation to prosecute this application and to transact all business in the Patent Office:

**James A. Oliff, Reg. No. 27,075; William P. Berridge, Reg. No. 30,024;
Kirk M. Hudson, Reg. No. 27,562; Thomas J. Pardini, Reg. No. 30,411; and
Edward P. Walker, Reg. No. 31,450.**

ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO OLIFF & BERRIDGE, P.O. BOX 19928, ALEXANDRIA, VIRGINIA 22320, TELEPHONE (703) 836-6400. Customer No. 25944

I hereby declare that I have reviewed and understand the contents of this Declaration, and that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

1 **Typewritten Full Name
of First or Sole
Inventor**

STADELMANN TONI
Given Name Middle Initial Family Name

2 **Inventor's Signature:**

[Signature]

3 **Date of Signature:**

DEC 21 2004
Month Day Year

Residence: 3065 Bolligen CHX Switzerland Switzerland
City State or Province Country

Citizenship: Switzerland

Post Office Address: Bodenacker 69

(Insert complete mailing address, including country) 3065 Bolligen (Switzerland)

Note to Inventor: Please sign name on line 2 exactly as it appears in line 1 and insert the actual date of signing on line 3.

IF THERE IS MORE THAN ONE INVENTOR USE PAGE 2 AND PLACE AN "X" HERE ☒

(Discard this page in a sole inventor application)

1	Typewritten Full Name			
2	of Joint Inventor			
		KAUZ MICHAEL		
		Given Name	Middle Initial	Family Name
2	Inventor's Signature:			
3	Date of Signature:			
		DEC 21		2004
		Month	Day	Year
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		City	State or Province	Country
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1	Typewritten Full Name			
	of Joint Inventor			
		Given Name	Middle Initial	Family Name
2	Inventor's Signature:			
3	Date of Signature:			
		Month	Day	Year
	Residence:	City	State or Province	Country
	Citizenship:			
	Post Office Address:			
	(Insert complete mailing address, including country)			
1	Typewritten Full Name			
	of Joint Inventor			
		Given Name	Middle Initial	Family Name
2	Inventor's Signature:			
3	Date of Signature:			
		Month	Day	Year
	Residence:	City	State or Province	Country
	Citizenship:			
	Post Office Address:			
	(Insert complete mailing address, including country)			
1	Typewritten Full Name			
	of Joint Inventor			
		Given Name	Middle Initial	Family Name
2	Inventor's Signature:			
3	Date of Signature:			
		Month	Day	Year
	Residence:	City	State or Province	Country
	Citizenship:			
	Post Office Address:			
	(Insert complete mailing address, including country)			
1	Typewritten Full Name			
	of Joint Inventor			
		Given Name	Middle Initial	Family Name
2	Inventor's Signature:			
3	Date of Signature:			
		Month	Day	Year
	Residence:	City	State or Province	Country
	Citizenship:			
	Post Office Address:			
	(Insert complete mailing address, including country)			

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This form may be executed only when attached to the first page of the Declaration and Power of Attorney of the application to which it pertains.